Application or Docket Number CH PATIENT APPLICATION REE DETERMINATION RECORDS FEE! TOTAL CHA) n column 1 is less than zero, enter "0". AIMS AS AMENDED - PART II (Column 1) ALANA TOTAL SMALL EXTITY : CLAIMS | ⋖ ADDI ADDI-REMAINING WPTER AMENDMENT TIKONYAL FEE ' FEE Total, OR ngebeugeur. OR OR ADDI: ADDI 侐 TIONAL TIONAL RATE AFTER THEMDIMENT FEE" FEE X\$18= Total Minus ®R Independent X42= Minus OF. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM **O**R OR ADDIT. FEE TOTAL ADDIT, FEE ග ADDI-ADDI+ NUMBER PREVIOUSL AMENOMENT AFTER 4. AMENDMENT TIONAL TIONAL FEE . Total 🚜 🖟 Minus (Independent ¹X84= #1140= Adas edd di gliff edd G gliff edd G fleit edd G